



Arkansas Insurance Department

2004 FORM AID AC FPRF-Q

Estimated Fire Protection Premium Tax

NAIC COMPANY CODE _____

ORIGINAL _____

AMENDED _____

INSTRUCTIONS:

All insurers must file this form even if no business was written during the reporting period.

Enter your company 5-digit NAIC code in space provided above.

Enter your company name and address in the space provided.

Choose the appropriate quarter per filing period and enter check mark in box.

Complete each line using the line-by-line instructions.

- **Line 1** Enter the amount of estimated premium tax due for the quarter.
- **Line 2** Compute any penalty due with this payment.
- **Line 3** Add Lines 1 and 2 together and enter result here.

DO NOT TAKE ANY CREDITS FOR PRIOR YEAR PAYMENTS.

Company name and address below:

| | |
|--|----|
| 1. Estimated Quarterly Tax | 1. |
| 2. Penalty (Late report or payment \$100 per day) | 2. |
| 3. AMOUNT DUE | 3. |

FILING DEADLINE FOR QUARTER (Mark one)

1st Quarter: Due May 17 ☐

2nd Quarter: Due August 16 ☐

3rd Quarter: Due November 15 ☐

Company Type: Prop/Cas

Sign and Date the form in the spaces provided below.

Make a separate check payable to: FIRE PROTECTION PREMIUM TAX FUND

Mail to: Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

To Contact Us: Phone 501-371-2605 or Website: www.state.ar.us/insurance

Signature of Officer
(Must be an original signature)

Date

Contact Person

Phone number

Email address